**CHAPTER II**

**Review of Related Literature**

The following are reviews, which show significant learning to the study. They are grouped into the following headings: Charting of data’s, recording of documents, and keeping of gathered data’s and documents into Database Management System. The scope of this concept provides multiple articles from different sources were used to familiarize and to authenticate the needed data for the study.

**Local Related Studies**

**Standard obstetric record charting system: evaluation of a new electronic medical record. (2015)**

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The Standard Obstetric Record Charting system (STORC) was created by group of programmers and clinicians who developed screen designs, reports, pick lists, and started notes, and ensured a flexible, yet standard system. To evaluate data within the system, ORYX (Joint Commission) performance measures were collected retrospectively and compare with STORC data.

The STORC, officially implemented as are complete impatient and outpatient of steric record in March 1998, provided seamless integration of antepartum, and postpartum care records, standard forms, and standard and ad hoc reports. Data for customizable case and procedure list are generated easily. Unplanned and total cesarean deliveries were identified retrospectively in 0% (0 of 18) of charts reviewed for ORYX; however STORC identified the actual rates of each as 8.3% (23 of 276) and 12.3% (34 of 276), respectively. Other critical ORYX measures not identified by retrospective data collection, but accurately provided by STORC, included rates of third and fourth degree laceration, postpartum hemorrhage, low and extremely low birth weights, and microsomal.

Conclusion: after implementation in a large referral center, completeness and accuracy of charting and rapid access to obstetric outcome data were improve. Provider acceptance of the system was dramatic and improved over time as a result of direct development oversight by obstetric healthcare providers, local control of system changes, and immediately access to outcome data.

**Nursing Documentation: Frameworks and barriers (2015)**

**Blair W, et al. Contempt Nurse. 2012.**

The quality of nursing documentation is an important issue for nurses both nationally and internationally. Nursing documentation should, but often does not show the rational and critical thinking behind clinical decisions and interventions, while providing written evidence of the progress of the patient. A number of frameworks are currently available to assist with nursing documentation including narrative charting, problem oriented approaches, clinical pathways, and focus notes. However, many nurses still experience barriers to maintaining accurate and legally prudent documentation.

A review of nursing documentation of patient care and progress towards achieving outcome goals in our organization identified a lack of clear and easy to follow information about the patient’s progress. In order to address with this issue a project group was established to look at different frameworks for nursing documentation. The aim of the project was to identify and implement the documentation framework that would encourage critical thinking and provide evidence of the rationale for nursing actions utilizing a problem based approach in order to provide accurate evidence of patient progress. This paper provides a synopsis of available literature frameworks mentioned above, highlights barriers to safe, timely and accurate documentations for nurses, and concludes with an explanation of the framework chosen as a result of this review.

**Indigenous Women Charting Local Pathways Forward**

**Questa, a part of gale, Cengage learning www.questia.com**

In the Cree worldview, women’s lives and stories are an essential piece of our unwritten history. These stories embody resilience, reciprocity, rebuilding, and relationships and are reflected in Cree values and concepts such as ahkameyimowak (persistence), wahkotahwin (we are all family or share relations), and wichitowin (taking care of each other). In 2011 edited a collection of stories from Canadian indigenous women called The Strength of Women Ahkameyimowak. This book included stories from young women whose voices and actions are imaginative, creative, and full of hope. This article will explain historical and contemporary forces that have shaped the lives of Indigenous girls and women in the hope of inspiring ideas that can help in the development of youth leadership. This article will also describe some methodologies that may colleagues and I use with our students as part of their university experience. These methodologies can be adapted for high school students.

Through my work as a community activist I have witnessed the impact of years of colonization on the roles of the Indigenous women and men, and families and communities. I am the product of a home that was shattered by the influence of residential school, a world war, and the ensuing trauma and fall-out from such events.

**Operational Dimensioning and tolerance in process planning: setup planning (2016)**

**Youli Wang, XIAOHUI Wang, Xueliang Zhang, Liming Dai (2016)**

Operational dimensioning and tolerancing play an important role in process planning. It ensures that resultant part dimensions and tolerance do not exceed specified design values. Tolerance chart analysis is an effective technique for process planners to calculate mean values and tolerances of operational dimensions. However a tolerance chart can be built only after all the initial engineering decisions has been made concerning the process plan. Specifically, setups and setup datum’s should be identified. While many researchers focused their attention on tolerance chart analysis, the selection of setup datum’s (setup planning) was overlooked. No systematic approaches for setup planning can be found in the literature. This paper discusses the importance of setup planning to tolerance control in process planning. A graphical approach is then proposed to generate optimal setup plans based on design tolerance specifications. Process planning is ‘the act of preparing detailed work instructions to produce a part’. Operational dimensioning and tolerancing play a critical role in process planning for precision manufacturing. It ensures that resultant part dimension and tolerances do not exceed specified design values.

**Evaluating Informatics Information – Clinical decision support system (2014)**

**Kaplan B. Int Med Inform (2001)**

This paper reviews clinical decision support systems (CDSS) literature, with a focus on evaluation. The literature indicates a general consensus that clinical decision support systems are thought to have the potential to improve care. Evidence is more equivocal for guidelines and for systems to aid physicians with diagnosis. There also is general consensus that a variety of systems are little used despite demonstrated or potential benefits. In the evaluation literature, the main emphasis is on how clinical performance changes. Most studies use an experimental or randomized controlled clinical trials design (RCT) to assess system performance or to focus on changes in clinical performance that could affect patient care. Few studies involve field tests of a CDSS and almost none use a naturalistic design in routine clinical settings with real patients. In addition, there is little theoretical discussion, although papers are permeated by a rationalist perspective that excludes contextual issues related to how and why systems are used. The studies mostly concern physicians rather than other clinicians. Further, CDSS evaluation studies appear to be insulated from evaluations of other informatics applications. Consequently, there is a lack of information useful for understanding why CDSSs may or may not be effective, resulting in making less informed decisions about these technologies and, by extension, other medical informatics applications. © 2001 Published by Elsevier Science Ireland Ltd.

Introduction Systems to aid in medical decision making were introduced over 25 years ago. Relatively few are in general use in clinical settings. Despite their potential usefulness, the lack of widespread clinical acceptance long has been of concern among researchers and medical informaticians [1–3]. This paper reviews literature that focuses on evaluation of clinical decision support systems (CDSS). The paper discusses the following key findings: The main emphasis is on changes in clinical performance that could affect patient care. Many evaluations of CDSSs use designs based on laboratory experiment or randomized controlled clinical trials (RCTs) to establish how well the systems or physicians perform under controlled conditions. Other approaches to evaluation, such as ethnographic field studies, simulation, usability testing, cognitive studies, record and playback techniques, and sociotechnical analyses rarely appear in this literature. As was the case over ten years ago, few systems have been evaluated using naturalistic designs to study actual routine CDSS use in clinical settings. Consequently, the CDSS evaluation literature focuses on performance or specific changes in clinical practice patterns under pre-defined conditions, but seems lacking in studies employing methodologies that could indicate reasons for why clinicians may or may not use CDSSs or change their practice behaviors.

**Foreign Related Studies**

**Microstructure of the Foreign-Exchange Market: a selective survey of literature. (2016)**

**MD Flood-Federal Reserve Bank of St. Louis review 1991 – core ac. uk**

Over the last quarter century, exchange rates among the currencies of the leading industrial countries have shown substantial and often persistent movements that are largely unexplained by movements in macroeconomic fundamentals (Frankel and Rose, 1995; Taylor, 1995; Flood and Taylor, 1996). The literature on the microstructure of the foreign-exchange market in some measure reflects researchers’ attempts to understand the mechanisms generating these deviations from fundamentals (Taylor, 1995; Flood and Taylor, 1996; Lyons, 2001).1 More broadly, however, this literature is concerned with other “micro” aspects of the foreign-exchange market, such as the transmission of information among market participants, the behavior of market agents, the importance of order flow, the heterogeneity of agents’ expectations, and the implications of such heterogeneity for trading volume and exchange-rate volatility. The assumptions and methodology of the microstructure literature often differ substantially from those of the conventional macroeconomic approach. Indeed, some authors see the microstructure literature as a “radical departure from the traditional modeling strategy of treating foreign exchange rates as a macroeconomic relative price” (Frankel and Rose, 1995. p. 1710). With respect to assumptions, the foreign-exchange microstructure typically does not assume that only public information is relevant to exchange rates, that foreign-exchange-market agents are homogeneous, or that the mechanism used for trading is inconsequential (Lyons, 2001). In fact, these issues are themselves often the subject of investigation in microstructural analysis. With respect to methodology, instead of starting with a set of macroeconomic relations such as money demand and purchasing-power parity, which are then used to solve for the exchange rate (Taylor, 1995), the microstructure literature analyzes the behavior and interaction of individual decision making units in the foreign-exchange market.

**Nurses' Attitudes toward Computer use for Point-of-Care Charting. (2014)**

**Kaye SP. Comput inform (2014)**

As healthcare costs increase, healthcare providers continue to look for cost effective methods of providing care to consumers. One promising, cost-reducing method is utilization of computers. For example, a nurse who needs to order medication for a patient can order the medication by selecting from a computer menu instead of filling out a request and ‘then sending it to the pharmacy via a tube system or courier. Using a computer for order entry can lead to a time savings for the nurse, as well as a financial savings for the hospital, and potentially lead to better patient care. Adderley, Hyde, and Mauseth (1997) found a positive impact on nursing. Practice with the use of computer charting. They found that entries for vital signs (i.e. blood pressure, heart rate, respiration rate) were more accurate, a time savings was noted, and order accuracy was increased relative to processing medication orders from physicians. Taken together, these results provided nurses additional time to deliver more personalized patient care. The time savings realized by using computers can translate into more efficient, patient care/ as more; favorable, nurse to patient ratios: Order entry; is just 'one example of how nurses or other. Healthcare providers can use computers to save time and money. Other everyday computer functions that can potentially-benefit healthcare organization; Include keeping records of patient care, insurance and billing, and training healthcare professionals. Thus, it is easy to why many healthcare, providers use computers, for a variety of day-to.-day functions.

**CHARTING GEOGRAPHIC MENTAL MAPS IN FOREIGN POLICY ANALYSIS: A LITERATURE REVIEW. (2014)**

**L da Vinha – Human Geographies – Journal of Studies and Research in Human Geography (2012)**

In recent years geographic mental maps have made a comeback into the spotlight of scholarly inquiry in the area of Foreign Policy Analysis (FPA). While never disappearing completely from scholarly examination, geographic mental maps were side-lined in most geographic and international relations (IR) research agendas. While geographers had long acknowledged the importance of mental maps in the study of international politics, few studies centered on the influence of geographic cognition on foreign policy. Only with the cognitive revolution in IR did geographic mental maps find space to develop conceptually and empirically with regards to international politics. Beginning with Henrikson’s initial conceptualization over three decades ago the mental map research agenda has adopted several different theoretical and methodological approaches which will be analyzed in the current article. In recent years geographic mental maps have made a comeback into the spotlight of scholarly inquiry in the area of Foreign Policy Analysis (FPA). The recent publication of several books entirely dedicated to the mental maps of an assortment of 20th-century policymakers (Akçali, 2009; Casey and Wright 2008; 2011; Thomas, forthcoming), along with the organization of several dedicated conferences and panels, e.g., the international conference “Mental Maps of Early Cold War”, held at Oxford in September 2009, and the Third Global International Studies Conference, held in Porto in August 2011, have contributed to this trend. While never disappearing completely from scholarly examination, geographic mental maps were sidelined in most geographic and international relations research agendas. Newer, fresher and more provocative avenues of investigation were pursued. Many of the themes associated with mental maps were incorporated into other approaches, namely those of critical and post-structural geographies.

**The Endosomal System of Plants: Charting New and Familiar Territories. (2015)**

**David G. Robinson, Liwen Jiang, Karin Schumacher 2008**

Endocytosis is defined as the uptake of molecules from the extracellular milieu through the formation of a vesicle at the plasma membrane (PM). This transport event circumscribes both soluble (fluid phase endocytosis) and membrane-bound cargos. The initial internalization process is followed by a series of transfer steps, mainly vesicle mediated, which carry the cargo molecules through internal (endosomal) compartments, culminating in either degradation of the cargo in the lytic compartment or in the recycling of membrane components to the PM. Considering its relevance in the medical field (e.g. clearance of cholesterol from the blood, insulin, and iron uptake) it is not surprising that endocytosis has been the subject of intense research in mammalian cell biology. However, as reflected by the paucity of PubMed entries, comparatively little work has been done on endocytosis in plants. The main reason for this has been the reluctance of the plant community to accept the operation of this fundamental cellular transport process.

**Scarcity and Growth Charting: A Summary View. (2015)**

And policy implications, run like strong threads through the variegated fabric contemporary public concern over natural resources. The doctrine of increasing scarcity and its effects has achieved remarkable viability.

The classical economist- particularly Malthus, Ricardo, and Mill - predicted that is scarcity of natural resources would lead diminishing social returns to economic effort, with retardation and eventual cessation of economic growth. Indeed classical economic theory required its essential character, and for economics its reputation as the ‘’dismal science,’’ from this basic premise. In a somewhat different formulation, the scarcity idea also entered the theory of natural selection when Darwin, acknowledging a dept. to Malthus, saw competition for limited means of survival as the determinant of biological evolution.

The Conservation Movement accepted the scarcity premise as valid for an unregulated private enterprise society. But, rejecting laissez faire at least so far as activities connected with natural resources.

**Table of Comparison**

The table shows the list of the prior system both foreign and local systems and different features that compare on the features of Automated Charting System.

Table 1. Web Base Automated Charting System features Comparison Table of Related Application and System.

|  |  |
| --- | --- |
| Related Prior Arts | Features |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **User**  **Friendly** | **Connectivity** | **Portability** | **Web Base** | **Recording**  **Report** | **Security** |
| **Standard obstetric record charting system: evaluation of a new electronic medical record. (2015)** | YES | ONLINE | DESKTOP / ANDROID | YES | YES | YES |
| **Evaluating Informatics Information – Clinical decision support system (2014)** | YES | ONLINE | DESKTOP / ANDROID | YES | YES | NO |
| **Electronic Medical Charting System and Document management (2015** | YES | ONLINE | DESKTOP / ANDROID | YES | YES | NO |
| **NOSH Charting System | A new open source health**  **Charting system** | YES | ONLINE | DESKTOP / ANDROID | YES | YES | NO |

Conclusion:

Table 1 shows the comparison of related application and system, this shows what are the existing application and system that can be compare to develop the project. This includes their features such as connectivity, security, applications.